

LOUISIANA STATE LICENSING BOARD FOR CONTRACTORS
P.O. BOX 14419, BATON ROUGE, LOUISIANA 70898-4419 (225) 765-2301 Fax (225) 765-2690

REQUEST FOR VERIFICATION OF LICENSE - Instructions to Applicant. Complete the following information and submit this form to the contractors licensing board of the state in which you are domiciled. The licensing board of that state will return the completed form to this agency.

COMPANY/INDIVIDUAL NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

LICENSE NUMBER: _____

VERIFICATION OF LICENSE - Instructions for Verifying State. The above named applicant has submitted an application for a contractors license with this Board. Please complete the following and return this form to the Louisiana State Licensing Board for Contractors.

Company/Individual Name _____

License Number _____ **Type of firm** _____
(E.g., Individual Sole Proprietorship, Partnership, Corp., L.L.C.)

Original License Issuance Date _____ **Expiration Date** _____ **Current Status** _____

_____ **Disciplinary Action** (Please Explain) _____

Classifications Held _____

Licensed by: _____ **Waiver** (Basis of Waiver): _____

_____ **Endorsement from What State:** _____

Legal Name of EACH Person Tested	Business & Law (Score)	Trade Exams		
		Classification	Type of Exam (E.g., NAI, Block, PSI, In-House)	Score

AGENCY _____

SIGNATURE **TITLE**

Agency Seal

DATE _____

Revised 10/10/05